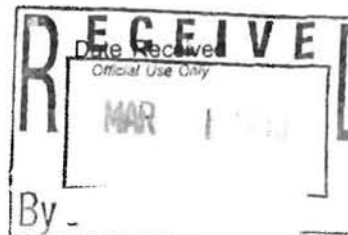


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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A Public Document

EB



Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUM
BLOCK	MARTIN	JEFFREY	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CALIFORNIA STATE ASSEMBLY

Division, Board, District, if applicable:

DISTRICT 78

Your Position:

ASSEMBLYMEMBER

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 6.

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/1/10
(month, day, year)

Signature

[Redacted Signature]

Investments

(Ownership Interest is Less Than 10%)

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

700

Name

MARTIN BLOCK

[illegible]

Interests in Real Property
(Including Rental Income)

MARTIN BLOCK

<BLUE> is a required field

Real Property Disclosure

[illegible]

**Schedule D
Income - Gifts**

CALIFORNIA FORM
FAIR POLITICAL PRACTICES COMMISSION

700

Name

MARTIN BLOCK

<BLUE> is a required field

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
AIPAC, 6310 San Vicente Blvd., Los Angeles CA 90048	Political Advocacy for Israel	10/18/09	\$ 199.00	Dinner at community event
American Water, 1033 B Avenue, Suite 200, Coronado CA 92118	Water Provider	05/26/09	\$ 200.00	Dinner at nonprofit benefit fundraiser
Associated General Contractors, SD Chapter, 6212 Ferris Square, San Diego CA 92121	Building and General Development	11/05/09	\$ 65.00	Lunch over meeting
BIOCOM, 4510 Executive Drive Plaza 1, San Diego CA 92121	Biotechnology	02/23/09	\$ 107.00	Dinner to meet organization leadership
California Forestry Association, 1215 K Street, Suite 1830, Sacramento CA 95814	Lumber	01/20/09	\$ 55.00	Dinner to meet organization leadership
California Building Industry Association, 1215 K Street, Suite 1200, Sacramento CA 95814	Building and General Development	04/15/09	\$ 94.00	Dinner to meet organization leadership
California Chamber of Commerce, 1215 K Street, Suite 1400, Sacramento CA 95814	Business Advocacy for State	05/19/09	\$ 20.00	Breakfast - business reception
California Chamber of Commerce, 1215 K Street, Suite 1400, Sacramento CA 95814	Business Advocacy for State	07/13/09	\$ 84.00	Dinner with organization leadership
California Democratic Party, 1401 21st Street, Suite 200, Sacramento CA 95811	Political Party	01/08/09	\$ 73.00	Dinner and caucus policy summit
California Tribal Business Alliance, 1530 J Street, Suite 250, Sacramento CA 95814	Representing California Tribes	01/15/09	\$ 89.00	Food and Refreshments at Legislative Reception
California Tribal Business Alliance, 1530 J Street, Suite 250, Sacramento CA 95814	Representing California Tribes	08/26/09	\$ 29.00	Lunch for policy briefing
Chicano Federation of San Diego County, 3180 University Avenue, Suite 310, San Diego CA 92104	Community group / advocates	10/24/09	\$ 66.00	Dinner at community event
Christopher Ward, 4152 10th Avenue, San Diego CA 92103		01/21/09	\$ 140.00	Framed Art
Del Mar Thoroughbred Club, 2260 Jimmy Durante Blvd, Del Mar CA 92014	Horseracing	07/22/09	\$ 275.00	Tickets for Opening Day
EdVoice, 1107 9th Street, Suite 680, Sacramento CA 95814	Education Advocacy	03/24/09	\$ 72.00	Food and Refreshments at Legislative Reception
Greg Cox, 1600 Pacific Highway, San Diego CA 92101		05/27/09	\$ 105.00	Dinner with San Diego Area representatives
Karen Bass, 777 S. Figueroa Street, Suite 4050, Los Angeles CA 90017		01/08/09	\$ 73.00	Jacket
Karen Bass, 777 S. Figueroa Street, Suite 4050, Los Angeles CA 90017		01/09/09	\$ 12.00	Breakfast

**Schedule D
Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MARTIN BLOCK

<BLUE> is a required field

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Karen Bass, 777 S. Figueroa Street, Suite 4050, Los Angeles CA 90017		01/26/09	\$ 60.00	Dinner for new members
Karen Bass, 777 S. Figueroa Street, Suite 4050, Los Angeles CA 90017		09/15/09	\$ 46.00	Breakfast for Washington DC delegation meeting
Lumber Association of California and Nevada and California Forestry Association, 1215 K Street, Suite 1830, Sacramento CA 95814	Lumber	08/25/09	\$ 77.00	Breakfast for new members
SAIC, 10210 Campus Point Drive, San Diego CA 92121	Science, Engineering and Defense	09/20/09	\$ 75.00	Dinner over meeting during Washington DC delegation
San Diego Coastkeeper, 2825 Dewey Road, San Diego CA 92106	Environment, Clean Water Advocacy	10/24/09	\$ 75.00	Dinner at community event
San Diego Imperial Labor Council, 3737 Camino del Rio South, Suite 430, San Diego CA 92108	Working Families Advocacy	03/16/09	\$ 50.00	Dinner at community event
San Diego Regional Chamber of Commerce, 402 West Broadway, San Diego CA 92101	Business Advocacy for San Diego Region	07/18/09	\$ 65.00	Dinner at community event
San Diego Regional Chamber of Commerce, 402 West Broadway, San Diego CA 92101	Business Advocacy for San Diego Region	09/20/09	\$ 150.00	Food during delegation meetings in Washington DC
South Bay Expressway, 1129 La Media Road, San Diego CA 92154	Public-Private Toll Road Operator	01/24/09	\$ 40.00	Dinner at community event
South Bay Expressway, 1129 La Media Road, San Diego CA 92154	Public-Private Toll Road Operator	08/01/09	\$ 30.00	Dinner at community event
Union of Pan Asian Communities, 1031 25th Street, San Diego CA 92102	Community group / advocates	05/07/09	\$ 200.00	Dinner at community event

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

You are not required to report income from government agencies.

NAME AND ADDRESS OF SOURCE (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE(S) (mm/dd/yy) (If applicable)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	DESCRIPTION
California Biotechnology Foundation, 1215 K Street, Suite 970, Sacramento CA 95814	Advocacy for Biotechnology Industry in California	11/24/2009	\$ 2,297.00	Gift	Airfare, Ground Travel, Accommodations and Food for Legislative Meetings in China

09AT

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Date Received
05
APR 2010

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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BY:1

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
BLOCK	MARTIN	JEFFREY	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OPTIONAL E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CALIFORNIA STATE ASSEMBLY

Division, Board, District, if applicable:
DISTRICT 78

Your Position:
ASSEMBLYMEMBER

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: _____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009. (AMENDMENT - MORE INFO. REQUESTED)

-or-

☐ Leaving Office Date Left: _____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is _____ through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/5/10
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing officer.)

09AT

FB

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MARTIN BLOCK

▶ STREET ADDRESS OR PRECISE LOCATION

5483 NEW MILLS ROAD

CITY

SAN DIEGO

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ Over \$1,000,000

____/____/09

____/____/09

ACQUIRED

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☒ \$10,001 - \$100,000☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ Over \$1,000,000

____/____/09

____/____/09

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust☐ Easement☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000☐ OVER \$100,000☐ Guarantor, if applicable

Comments:

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09AT

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name MARTIN BLOCK

► NAME OF SOURCE
American-Israel Public Affairs Committee
ADDRESS (Business Address Acceptable)
6310 San Vicente Blvd., Los Angeles, CA 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Advocacy for Israel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 09	\$ 199	Dinner at comm event
/ /	\$	
/ /	\$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Science Applications International Corp. (SAIC)
ADDRESS (Business Address Acceptable)
10210 Campus Point Drive, San Diego CA 92121
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Science, Engineering and Defense

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 20 / 09	\$ 75	Dinner at meeting
/ /	\$	
/ /	\$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name MARTIN BLOCK

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE	
SAN DIEGO CO REGIONAL AIRPORT AUTHORITY	
ADDRESS (Business Address Acceptable)	
3225 NORTH HARBOR DRIVE	
CITY AND STATE	
SAN DIEGO, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
GOVERNMENT ENTITY	
DATE(S): 1 / 1 / 09 - 12 / 31 / 09	AMT: \$ 4,012
(If applicable)	
TYPE OF PAYMENT (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: USE OF PARKING LOT FOR OFFICIAL TRAVEL	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): / / - / /	AMT: \$
(If applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): / / - / /	AMT: \$
(If applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): / / - / /	AMT: \$
(If applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

Comments: _____

Date Received
Official Use Only
APR 21 2010

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Public Document

BY: _____

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
BLOCK	MARTIN	JEFFREY		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CALIFORNIA STATE ASSEMBLY

Division, Board, District, if applicable:

DISTRICT 78

Your Position:

ASSEMBLYMEMBER

► If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: _____

(AMENDMENT - MORE INFO. RECEIVED)

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is _____ through December 31, 2009.

☐ Leaving Office

Date Left: _____

(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is _____ through the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

4/21/10

(month day year)

Signature

(File the originally signed statement with your filing ...)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name MARTIN BLOCK

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE	
SAN DIEGO CO REGIONAL AIRPORT AUTHORITY	
ADDRESS (Business Address Acceptable)	
3225 NORTH HARBOR DRIVE	
CITY AND STATE	
SAN DIEGO, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
GOVERNMENT ENTITY	
DATE(S): 1 / 1 / 09 - 12 / 31 / 09	AMT: \$ 4,012
(if applicable)	
TYPE OF PAYMENT (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: USE OF PARKING LOT FOR OFFICIAL TRAVEL	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): / / - / /	AMT: \$
(if applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): / / - / /	AMT: \$
(if applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE(S): / / - / /	AMT: \$
(if applicable)	
TYPE OF PAYMENT (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

Comments: _____